OBJECTION FORM FOR REAL PROPERTY ASSESSMENT

Section 70.47(7)(a), Wisconsin Statutes states "No person shall be allowed in any action or proceedings to question the amount or valuation of property unless such written objection has been filed and such person in good faith presented evidence to such board in support of such objection and made full disclosure before said board . . ."

Note: The Board of Review can hear only sworn oral testimony regarding the value of the property. It cannot hear protests regarding the amount of property taxes or questions of exemption. The best evidence of the value of your property is a recent arm's-length sale of your property. The next best evidence is recent arm's length sales of comparable property. If there are no sales of your property or comparable property, you should present other evidence that indicates the value of your property. This would include cost, income, appraisals, amount of insurance, and sales of like property.

Property Owner		Agent (if a	Agent (if applicable)			
Owner's Mailing Address		Agent's M	Agent's Mailing Address			
Owner's Telephone Number		Agent's Te	Agent's Telephone Number			
Ple	ease provide the following information on the prope	erty and the assessment to	which you are objecting.	(Attach add	litional sheets, if necessary.)	
1.	Property Address					
2.	Legal Description or parcel number from the current assessment roll					
	Total Property Assessments					
5. 6.	Please state your opinion of the fair market value of the property as of January 1					
	acquisition of the property:		Date	Ac	equisition Price	
7. (a) Have you improved, remodeled, added to, or changed this property since acquiring it? Yes (b) Describe					☐ No	
8.	(c) When were the changes made?					
9.	. (a) Has anyone made an appraisal of this property within the last five years? (b) If yes, when and for what purpose?					
	What was the appraised value?					
10	ease list all other real estate in the municipality that you own: (Attach additional page if necessary) Assessment					
	Legal Desc	cription or Parcel Number			Total	
11	11. If you are requesting the removal of a Board of Review member, please list their name					
Owner's or Agent's Signature				Date		

PA-115A (R. 11-02) Wisconsin Department of Revenue